COVER PAGE

| PECEIVED CALIFORNIA 460 | 115 667 6 PM 1 Page 1 of 18 For Official Use Only  | CITY CLERK'S OTFICE         | Special of Statement:       CITY OF Special PARIDA         Image: Semi-annual Statement of Sta | STATE ZIP CODE AREA CODE/PHONE CA 93455 (805) 934-5737 ER, IF ANY  | Ste. 101 STATE ZIP CODE AREA CODE/PHONE CA 93455 RESS  | and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify ing is true and confidence.  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  By Signature of Controlling Officeholder, Candidate, State Measure Proponent   | PPPC Form 460 (Jan/2016) FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov |
|-------------------------|--|-----------------------------|---|--|--|--|--|
|                         | Date of election if applicable: (Month, Day, Year) | 11/08/2016                  | 2.  | Treasurer(s)  NAME OF TREASURER  Tom Martinez  MAUING ADDRESS 2624 Air Park Dr.;  CITY  Santa Maria  NAME OF ASSISTANT TREASURER, IF ANY                               | Trent Benedetti MAILING ADDRESS 2151 S. College Dr., CITY Santa Maria OPTIONAL: FAX/E-MAIL ADDF  | st of my knowledge the information contained herein and in the attached sched screet.  Signature of Controlling Officeholder, Candidate, State Measure Proponent  Signature of Controlling Officeholder, Candidate, State Measure Proponent  Signature of Controlling Officeholder, Candidate, State Measure Proponent   | Signature of Controlling Officeholder, Candidate, State Measure Proponent FPPP                                   |
|                         | Statement covers period from 07/01/2016            | through 09/24/2016          | All Committees – Complete Parts 1, 2, 3, and 4.  Dommittee Primarily Formed Ballot Measure Committee  Committee Sponsored  (Also Complete Part 6)  Primarily Formed Candidate/ Officeholder Committee   | NO COMMITTEE) STATE ZIP CODE AREA CODE/PHONE   | CA 93455 (805) 934–5737 STATE ZIP CODE  AREA CODE/PHONE  | ng and reviewing this statement and to the be State of California that the foregoing is true an By   |  |
| Cover Page              | (GOVERNINGEN CODE SECTIONS 04200-042 10.5)         | SEE INSTRUCTIONS ON REVERSE | 1. Type of Recipient Committee: All Committee  State Candidate Election Committee State Candidate Election Committee Also Complete Part 5)  General Purpose Committee Sponsored Sponsored Small Contributor Committee Delitical Party/Central Committee   | 3. Committee Information  COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Patino for Mayor 2016  STREET ADDRESS (NO P.O. BOX) 2624 Airpark Drive CITY STATE ZIP G | Santa Maria CA 93455  MALING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  CITY STATE ZIP CODE  OPTIONAL: FAX / E-MAIL ADDRESS  tom@martinezassoc.net | 4. Verification I have used all reasonable diligence in preparing and reviewing this statement and to the best of my k under penalty of perjury under the laws of the State of California that the foregoing is true and confrect.  Executed on Date  Executed on Date  Executed on Date  Executed on Bate  Executed on Bate | Date   |

Ŋ.

| ЩО |   | RNIA 460 | 2 of 18 |
|----|---|----------|---------|
|    | , | CALIFC   | Page    |

| Officeholder or Candidate Controlled Committee  | ttee 6.  | Primarily Formed Ballot Measure Committee           | easure Committee  |                         |
|---|--|---|---|-------------------------|
| NAME OF OFFICEHOLDER OR CANDIDATE   |  | NAME OF BALLOT MEASURE                              |   |                         |
| Alice Patino<br>OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER<br>Mayor  | T NUMBER IF APPLICABLE)  | BALLOT NO. OR LETTER JU                             | JURISDICTION  | SUPPORT OPPOSE          |
| RESIDENTIAL/BUSINESS ADDRESS (NO.AND STREET) CITY   | CITY STATE ZIP<br>Santa Maria CA 93455                                       | Identify the controlling officeholder, candidate, c | Identify the controlling officeholder, candidate, or state measure proponent, if any. | e proponent, if any.    |
| Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy. | tement: List any committees<br>or are primarily formed to receive<br>didacy. | OFFICE SOUGHT OR HELD                               | DISTRICT NO. IF ANY   | D. IF ANY               |
| COMMITTEE NAME  | I.D. NUMBER  |   |   |                         |
| NAME OF TREASURER   | CONTROLLED COMMITTEE?  T.  |   | ffice<br>this   | List names of<br>ormed. |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  | (XC  | NAME OF OFFICEHOLDER OR CANDIDATE                   | IDATE OFFICE SOUGHT OR HELD   | D SUPPORT OPPOSE        |
| CITY STATE ZIP CODE   | ODE AREA CODE/PHONE  | NAME OF OFFICEHOLDER OR CANDIDATE                   | IDATE OFFICE SOUGHT OR HELD   | D SUPPORT OPPOSE        |
| COMMITTEE NAME  | I.D. NUMBER  | NAME OF OFFICEHOLDER OR CANDIDATE                   | IDATE OFFICE SOUGHT OR HELD   | D SUPPORT               |
| NAME OF TREASURER   | CONTROLLED COMMITTEE?  | NAME OF OFFICEHOLDER OR CANDIDATE                   | IDATE OFFICE SOUGHT OR HELD   | D SUPPORT OPPOSE        |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)  | (xo  |   |   |                         |
| CITY STATE ZIP CODE   | ODE AREA CODE/PHONE  | Attach c  | Attach continuation sheets if necessary   |                         |
|   |  |   |   |                         |

| Statement covers period | Carolina coros poros |
|-------------------------|----------------------|
| Amounts may be rounded  | 020 O O O O O O      |

SUMMARY PAGE Page 3 of 18 CALIFORNIA FORM I.D. NUMBER 07/01/2016 09/24/2016 through from to whole dollars. Campaign Disclosure Statement Summary Page SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Patino for Mayor 2016

1342332

| Calendar Year Summary for Candidates<br>Running in Both the State Primary and | General Elections 1/1 through 6/30 7/1 to Date | 20. Contributions Received \$ | iditures  | Made \$                         | Expenditure Limit Summary for State | Candidates                          | 22. Cumulative Expenditures Made* | Date of Election Total to Date  |                        |   | ************************************** |   | * A A                                    | reported in Column B.                                  |   |   |   |  |  |  |                       |
|---|--|-------------------------------|---|---------------------------------|-------------------------------------|-------------------------------------|-----------------------------------|---------------------------------|------------------------|---|--|---|--|--|---|---|---|--|--|--|-----------------------|
| Column B CALENDAR YEAR TOTAL TO DATE  | \$ 0.00  | \$ 19,594.00                  | 00.00   | \$ 19,594.00                    |                                     | \$ 6,752.60                         | 0.00                              | 00.00                           | 00.00                  | \$ 6,752.60                                     |  | To calculate Column B, add                                | amounts in Column A to the               | from Column B of your last                             | report. Some amounts in<br>Column A may be negative | figures that should be  | period amounts. If this is                                | the first report being lifed for this calendar year, only carry over the amounts | from Lines 2, 7, and 9 (if any).       |  |                       |
| Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)                           | \$ 19,594.00                                   | \$ 19,594.00                  | 00.00   | \$ 19,594.00                    |                                     | \$ 6,562.95                         | 0.00                              | 0.00                            | 0.00                   | \$ 6,562.95                                     |  | \$  | 19,594.00                                | 0.00   | 6,562.95  | \$ 13,688.96  |   | \$   |  | \$   | 00.00                 |
| Contributions Received  | Monetary Contributions                         | SUBTOTAL CASH CONTRIBUTIONS   | 4. Nonmonetary Contributions Schedule C, Line 3 | 5. TOTAL CONTRIBUTIONS RECEIVED | Expenditures Made                   | 6. Payments Made Schedule E, Line 4 | 7. Loans Made Schedule H, Line 3  | Accrued Expenses (Unpaid Bills) | Nonmonetary Adjustment | 11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10 | Current Cash Statement                 | 12. Beginning Cash Balance Previous Summary Page, Line 16 | 13. Cash Receipts Column A, Line 3 above | 14. Miscellaneous Increases to Cash Schedule I, Line 4 | 15. Cash Payments                                   | 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | If this is a termination statement, Line 16 must be zero. | 17. LOAN GUARANTEES RECEIVEDSchedule B, Part 2                                   | Cash Equivalents and Outstanding Debts | 18. Cash Equivalents See instructions on reverse | 19. Outstanding Debts |

Monetary Contributions Received Schedule A

Amounts may be rounded to whole dollars.

ğ CALIFORNIA Page 4 I.D. NUMBER Statement covers period 09/24/2016 07/01/2016 through from

SCHEDULE A

460

18

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

| Patino for Mayor 2016 | Mayor 2016  |                       |  |                                   | 1342  | 1342332                                 |  |
|-----------------------|---|-----------------------|--|-----------------------------------|---|---|--|
| DATE<br>RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FCOMMITTEE, ALSO ENTER LD. NUMBER)  CODE * | CONTRIBUTOR<br>CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION<br>TODATE<br>(IF REQUIRED) |  |
| 08/05/2016            | 08/05/2016 Tom Martinez   | QNIX                  | Architect  | 250.00                            | 250.00 G2016  | G2016 \$250.00                          |  |

|  | 0   | 0   |
|--|---|---|
| CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN: 1 - DEC. 31)  | 250.00  | 1,000.00                                    |
| AMOUNT<br>RECEIVED THIS<br>PERIOD  | 250.00  | 1,000.00                                    |
| IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SEL-EMPLOYED, ENTER NAME OF BUSINESS)        | Architect<br>Tom Martinez & Associates                  | CEO<br>Applied Imaginations, Inc            |
| CONTRIBUTOR<br>CODE *  | XIND<br>COM<br>OTH<br>PTY                               | QNIX.                                       |
| FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FCOMMITTEE, ALSOENTER LD, NUMBER)  CODE * | Tom Martinez<br>1641 Coral Dr.<br>Santa Maria, CA 93454 | 08/10/2016 Robert Dickerson<br>104 Palm Ct. |
| DATE<br>RECEIVED   | 08/05/2016  | 08/10/2016                                  |

| Applied Imaginations, Inc   | Professor<br>Allan Hancock College                          | Agribusiness<br>Bonipak                                     | Real Estate Development<br>Dan Blough Construction,<br>Inc. |
|---|---|---|---|
| COM<br>COM<br>OTH<br>SCC  | ⊠IND<br>COM<br>COTH<br>PTY<br>SCC                           | ⊠IND<br>COM<br>OTH<br>PTY<br>SCC                            | SOM S   |
| 08/10/2016 ROBEL DICKEISON<br>104 Palm Ct.<br>Santa Maria, CA 93454 | Lisa Murray<br>2418 Longdrive Lane<br>Santa Maria, CA 93455 | Henri Ardantz<br>2222 Arrowhead dr<br>Santa Maria, CA 93455 | Peggy Blough<br>2637 Lorencita<br>Santa Maria, CA 93455     |
| 08/10/2018  | 08/10/2016  | 08/23/2016  | 08/23/2016  |

#### MIND COM OTH SCC 93455 Peggy Blough 2637 Lorencita Santa Maria, CA 08/23/2016

\$500.00

500.00 G2016

500.00

\$100.00

100.00 G2016

100.00

\$1,000.00

G2016

\$500.00

500.00 G2016

500.00

# Schedule A Summary

- Amount received this period itemized monetary contributions. (Include all Schedule A subtotals.)
- S 2. Amount received this period – unitemized monetary contributions of less than \$100
- 3. Total monetary contributions received this period.

(other than PTY or SCC) OTH - Other (e.g., business entity) COM - Recipient Committee \*Contributor Codes IND - Individual

> 19,000.00 594.00

6

2,350.00

**SUBTOTAL**\$

PTY – Political Party SCC – Small Contributor Committee

19,594.00

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov FPPC Form 460 (Jan/2016)

Monetary Contributions Received Schedule A (Continuation Sheet)

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.) of 18 CALIFORNIA Page 5 Statement covers period 07/01/2016 09/24/2016 through from

| DI LI DE CIL          |  |                           |  |                                   |   | I D NUMBER                           |                         |
|-----------------------|--|---------------------------|--|-----------------------------------|---|--------------------------------------|-------------------------|
| NAME OF TILEN         |  |                           |  |                                   |   |                                      |                         |
| Patino for Mayor 2016 | ayor 2016  |                           |  |                                   | 13  | 1342332                              |                         |
| DATE<br>RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IFCOMMITEE, ALSO ENTER LD. NUMBER) | CONTRIBUTOR<br>CODE *     | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IFSELFEMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | E PER ELECTION TO DATE (IF REQUIRED) | ECTION<br>ATE<br>UIRED) |
| 08/23/2016            | Tony Cossa<br>401 Machado<br>Santa Maria, CA 93455   |                           | Insurance Broker<br>Tolman & Wiker   | 100.00                            | 100.00  | 00 G2016                             | \$100.00                |
| 08/23/2016            | Marcia Ibsen<br>1571 E Main St.<br>Santa Maria, CA 93454                                     | IND<br>COM<br>OTH<br>SCC  | Retired<br>N/A   | 100.00                            | 100.00  | 00 G2016                             | \$100.00                |
| 08/23/2016            | Ronald Johnson<br>805 Beth ct<br>Santa Maria, CA 93454                                       | KIND<br>COM<br>OTH<br>PTY | Retired US Navy<br>N/A   | 100.00                            | 100.  | 100.00 G2016                         | \$100.00                |
| 08/23/2016            | Margaret Paden<br>4431 Foxenwood Ln.<br>Santa Maria, CA 93455                                | KIND<br>COM<br>OTH<br>PTY | Retired<br>N/A   | 100.00                            |   | 00 G2016                             | \$100.00                |
| 08/23/2016            | William Reed Jr<br>305 Walden Ct.<br>Santa Maria, CA 93454                                   | RIND<br>COM<br>OTH<br>PTY | Consultant<br>Reed & Co.   | 250.00                            |   | 250.00 G2016                         | \$250.00                |
|                       |  |                           | SUBTOTAL\$   | 650.00                            |   |                                      |                         |

\*Contributor Codes

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Monetary Contributions Received Schedule A (Continuation Sheet)

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

of 18 CALIFORNIA FORM Page 6 I.D. NUMBER Statement covers period 07/01/2016 09/24/2016 through\_ from\_

| Patino for Mayor 2016 | 3yor 2016  |  |   |                                   | 1342332   | 132                                      |
|-----------------------|--|--|---|-----------------------------------|---|--|
| DATE<br>RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IFCOMMITTEE, ALSO ENTER LD., NUMBER) | CONTRIBUTOR<br>CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELFEMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
| 08/23/2016            | Helmut Stolch<br>405 Marian Dr.<br>Santa Maria, CA 93454                                       | IND<br>COM<br>OTH<br>SCC   | N/A   | 100.00                            | 100.00  | G2016 \$100.00                           |
| 08/24/2016            | Chuck Hebard<br>2870 Halcyon Rd.<br>Arroyo Grande, CA 93420                                    | IND<br>COM<br>COM<br>COTH<br>SCC   | Auto Dealer<br>Home Motors  | 1,500.00                          | 1,500.00 G2016  | G2016 \$1,500.00                         |
| 08/24/2016            | Pro Band Sports Industries, inc.<br>1483 East Valley Road Ste 18<br>Santa Barbara, CA 93108    | IND<br>COM<br>OTH<br>PTY   |   | 500.00                            | 500.00 G2016  | G2016 \$500.00                           |
| 08/29/2016            | Samuel Burg<br>1430 E. Main Street., Ste 203<br>Santa Maria, CA 93454                          | Sind   COM   COM   COM   COM   COTH   COTH | Dentist<br>Santa Maria General<br>Denistry  | 100.00                            | 100.00   G2016  |  |
| 08/29/2016            | Mike Draper<br>1763 W Main Street<br>Santa Maria, CA 93458                                     | RIND<br>COM<br>OTH<br>PTY  | Owner<br>Santa Maria Crop Service   | 1,000.00                          | 1,000.00 G2016  | G2016 \$1,000.00                         |
|                       |  |  | SUBTOTAL\$  | 3,200.00                          |   |  |

\*Contributor Codes

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

NAME OF FILER

Amounts may be rounded to whole dollars.

of 18 CALIFORNIA FORM Page 7 I.D. NUMBER Statement covers period 07/01/2016 09/24/2016 through from\_

SCHEDULE A (CONT.)

| Patino for Mayor 2016 | 1yor 2016   |  |  |                                   | 1342332   | 32                                       |
|-----------------------|---|--|--|-----------------------------------|---|--|
| DATE<br>RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(FCOMMITTEE, ALSO ENTER LD, NUMBER)  | CONTRIBUTOR<br>CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELFEMHOYED, ENTER NAME OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
| 08/29/2016            | Compton Lynn<br>850 Riata In<br>Nipomo, CA 93444  | IND COM OTH PTY  | County Supervisor<br>San Luis Obispo County  | 150.00                            | 150.00  | G2016 \$150,00                           |
| 08/29/2016            | Pacifica Commercial Central Coast, Inc.<br>2520 Professional Parkway<br>Santa Maria, CA 93455 | IND<br>COM<br>SCC  |  | 500.00                            | 500.00 62016  | <b>G2</b> 016 \$500.00                   |
| 08/29/2016            | Jeff Sharer<br>839 Foxen Canyon Rd.<br>Santa Maria, CA 93454                                  | Sind   COM   COM | Farmer<br>Sharer Harvest Company   | 100.00                            | 100.00 G2016  | G2016 \$100.00                           |
| 08/29/2016            | Vernon Edwards Construction, Inc.<br>2045-A Preisker Lane<br>Santa Maria, CA 93456            | IND<br>COM<br>OTH<br>PTY   |  | 500.00                            | 500.00 G2016  |  |
| 08/29/2016            | Steven Will<br>2849 Lorencita Dr.<br>Santa Maria, CA 93455                                    | KIND<br>COM<br>OTH<br>PTY  | Retired<br>N/A   | 500.00                            | 500.00 [52016   | G2016 \$500.00                           |
|                       |   |  | \$UBTOTAL\$  | 1,750.00                          |   |  |

\*Contributor Codes

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

| Schedule A (Continuation Sheet) | 100                    |                         | SCHEDULE A (CONT.) |
|---------------------------------|------------------------|-------------------------|--------------------|
| Monetary Contributions Received | Amounts may be rounded | Statement covers period | CALIFORNIA ACO     |
|                                 | CALIFORNIA O           | from 07/01/2016         | FORM 400           |
|                                 |                        | through 09/24/2016      | Page 8 of 18       |
| NAME OF FILER                   |                        |                         | I.D. NUMBER        |
| Patino for Mayor 2016           |                        |                         | 1342332            |
|                                 |                        |                         |                    |

all

| Patino for Mayor 2016 | lyor 2016   |                                 |  |                                   | 1342332   | 332                                      |
|-----------------------|---|---------------------------------|--|-----------------------------------|---|--|
| DATE<br>RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IFCOMMITTEE, ALSO ENTER ID, NUMBER) | CONTRIBUTOR<br>CODE *           | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |
| 08/30/2016            | Judith Bartel<br>2991 Country Club In<br>Santa Maria, CA 93455                                | IND COM OTH PTY                 | Retired<br>N/A   | 200.00                            | 200.00  | G2016 \$200.00                           |
| 08/30/2016            | James Bray<br>1031 Terrazzo way<br>Santa Maria, CA 93455                                      | S C C O M                       | PR/GR Consultant<br>Pacific Coast Energy Co.   | 100.00                            | 100.00 G2016  | G2016 \$100.00                           |
| 08/30/2016            | Georganne Ferini<br>1029 Ocean Blvd.<br>Pismo Beach, CA 93449                                 | IND<br>COM<br>OTH<br>PTY<br>SCC | Housewife<br>N/A   | 1,000.00                          | 1,000.00 G2016  | G2016 \$1,000.00                         |
| 08/30/2016            | Burt Fugate<br>2625 S. Miller Ste 107<br>Santa Maria, CA 93455                                | © SCC                           | Real Estate<br>Charter Brokerage &<br>Investment Co.                                       | 500.00                            | 500.00 G2016  |  |
| 08/30/2016            | Lawnae Hunter<br>421 E Betteravia<br>Santa Maria, CA 93454                                    | RIND<br>COM<br>OTH<br>PTY       | Property Management<br>Plus Property Management  | 250.00                            | 250.00 G2016  | 62016 \$250.00                           |
|                       |   |                                 | SUBTOTAL\$   | 2,050.00                          |   |  |

\*Contributor Codes

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Amounts may be rounded to whole dollars.

Schedule A (Continuation Sheet) Monetary Contributions Received

Page 9 of 18 CALIFORNIA FORM Statement covers period 07/01/2016 09/24/2016 through\_ from\_

SCHEDULE A (CONT.)

| NAME OF FILER         |   |                           |  |                                   | I.D. NUMBER   | MBER                                    |
|-----------------------|---|---------------------------|--|-----------------------------------|---|---|
| Patino for Mayor 2016 | ayor 2016   |                           |  |                                   | 1342332   | 13.2                                    |
| DATE<br>RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IFCOMMITTEE, ALSO ENTER LD. NUMBER) | CONTRIBUTOR<br>CODE *     | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IFSEL*EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION<br>TODATE<br>(IF REQUIRED) |
| 08/30/2016            | Larry Lavagnino<br>212 E Morrison Ave.<br>Santa Maria, CA 93454                               | KIND<br>COM<br>OTH<br>PTY | Retired<br>N/A   | 100.00                            | 100.00  | G2016 \$100.00                          |
| 08/30/2016            | Tildon McGill<br>190 Lakeview Rd.<br>Santa Maria, CA 93455                                    | XIND<br>COM<br>OTH<br>PTY | Retired<br>N/A   | 200.00                            | 200.00  | G2016 \$200.00                          |
| 08/30/2016            | Plantel Nurseries, Inc.<br>2890 Telephone Rd.<br>Santa Maria, CA 93454                        | IND<br>COM<br>MOTH<br>PTY |  | 500.00                            | 500.00 G2016  |   |
| 09/02/2016            | Eric Gamble<br>2606 Occtillo Ave.<br>Santa Maria, CA 93455                                    | KIND<br>COM<br>OTH<br>PTY | AG Business<br>Agro-Jal Farms  | 250.00                            | 250.00  |   |
| 09/02/2016            | Morrison Media Services<br>4405 Kapalua Drive PO Box 5186<br>Santa Maria, CA 93455            | IND COM COM PTY           |  | 100.00                            | 100.00   62016  | 62016 \$100.00                          |
|                       |   |                           | SUBTOTAL \$  | 1,150.00                          |   |   |

\*Contributor Codes

IND - Individual

COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

SCHEDULE A (CONT.)

### Monetary Contributions Received Schedule A (Continuation Sheet)

Amounts may be rounded to whole dollars.

460 87 o o CALIFORNIA 10 FORM I.D. NUMBER Page\_ Statement covers period 07/01/2016 09/24/2016 through. from

\$3,000.00 \$500.00 \$100.00 \$250.00 \$100.00 PER ELECTION TO DATE (IF REQUIRED) G2016 G2016 3,000.00 62016 G2016 G2016 1342332 250.00 100.001 100.00 500.00 CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) 3,950.00 3,000.00 100.00 250.00 500.00 100.00I RECEIVED THIS PERIOD AMOUNT **SUBTOTAL\$** IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) General Contractor Ramco Development Inc Property Management Dottie Lyons FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR (PCOMMITTEE, ALSO ENTER I.D., NUMBER) ⊠ IND COM OTH PTY IND COM OTH SCC IND COM OTH SCC IND COM OTH SCC Santa Ynez Band of Mission Indians 100 Via Juana Lane P.O. Box 517 Santa Ynez, CA 93460 Dottie Lyons 914 Fairway Vista Drive Santa Maria, CA 93455 Patti Rodriguez 3126 Bunfill Drive Santa Maria, CA 93455 93458 93455 Babe Farms 1205 W. Craig Dr. Santa Maria, CA Michael Biely 7325 Graciosa Rd Santa Maria, CA Patino for Mayor 2016 09/06/2016 09/06/2016 09/06/2016 09/02/2016 09/06/2016 NAME OF FILER DATE RECEIVED

\*Contributor Codes

COM - Recipient Committee IND - Individual

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY – Political Party SCC – Small Contributor Committee

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov FPPC Form 460 (Jan/2016)

Amounts may be rounded to whole dollars.

Schedule A (Continuation Sheet) Monetary Contributions Received

Page 11 of 18 CALIFORNIA FORM ' I.D. NUMBER Statement covers period 07/01/2016 09/24/2016 through\_\_ from

SCHEDULE A (CONT.)

|                       |   |                                  |  |                                   |   | 1  | T        |
|-----------------------|---|----------------------------------|--|-----------------------------------|---|--|----------|
| NAME OF FILER         |   |                                  |  |                                   | .U.I.   | I.D. NUMBEK                              |          |
| Patino for Mayor 2016 | 2016  |                                  |  |                                   | 1342  | 1342332                                  |          |
| DATE<br>RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR<br>CODE *            | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECTION<br>TO DATE<br>(IF REQUIRED) |          |
| 09/12/2016            | Hampton Farming Company<br>2529 Professional Parkway Ste B<br>Santa Maria, CA 93455         | IND<br>COM<br>MOTH<br>PTY        |  | 250.00                            | 250.00  | G2016                                    | \$250.00 |
| 09/12/2016            | Doris Lahr<br>353 Machado Ave.<br>Santa Maria, CA 93455                                     | MIND COM OTH COTH SCC            | N/A  | 100.00                            | 100.00  | G2016                                    | \$100.00 |
| 09/12/2016            | Marian Marrinan<br>3116 Bunfill Dr.<br>Santa Maria, CA 93455                                | KIND<br>COM<br>OTH<br>PTY<br>SCC | N/A<br>N/A   | 100.00                            | 100.00  | 100.00 G2016 \$10                        | \$100.00 |
| 09/12/2016            | Bob Orach<br>1718 E. Bilbao Dr.<br>Santa Maria, CA 93454                                    | IND COM OTH PTY                  | City Council Member<br>City of Santa Maria   | 100.00                            | 100.00  |  | \$100.00 |
| 09/12/2016            | Franziska Shepard<br>401 S. Palisade Dr.<br>Santa Maria, CA 93454                           | IND COM OTH PTY                  | Administrator<br>Shepard Eye Center  | 500.00                            | 200.00  | 500.00   62016 \$50                      | \$500.00 |
|                       |   |                                  | \$UBTOTAL\$  | 1,050.00                          |   |  |          |

\*Contributor Codes

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

SCHEDULE A (CONT.)

# Schedule A (Continuation Sheet) Monetary Contributions Received

NAME OF FILER

| from 07/01/2016<br>through 09/24/2016 | Amounts may be rounded | Statement covers period | CALIFORNIA A CO |
|---------------------------------------|------------------------|-------------------------|-----------------|
|                                       | to whole dollars.      |                         | FORM <b>400</b> |
| 1.D. NUMBER<br>1342332                |                        | through 09/24/2016      | Page 12 of 18   |
| 1342332                               |                        |                         | I.D. NUMBER     |
|                                       |                        |                         | 1342332         |

| Patino for Mayor 2016 | 1yor 2016   |   |  |                                   | 1342332   | 13.2                           |
|-----------------------|---|---|--|-----------------------------------|---|--------------------------------|
| DATE<br>RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IFCOMMITTEE, ALSO ENTER ID. NUMBER) | CONTRIBUTOR<br>CODE *                   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | ER ELECT<br>TODATE<br>F REQUIR |
| 09/12/2016            | Toyota of Santa Maria<br>700 E. Betteravia PO Box 1217<br>Santa Maria, CA 93456               | IND<br>COM<br>MOTH<br>PTY               |  | 500.00                            | 500.00 G2016  |                                |
| 09/12/2016            | Eileen Trujillo<br>2436 Ridgemark Dr.<br>Santa Maria, CA 93455                                | IND COM COM PTY                         | Homemaker<br>N/A   | 100.00                            | 100.00 G2016  | G2016 \$100.00                 |
| 09/15/2016            | James Diani<br>1320 Foxenwood Drive<br>Santa Maria, CA 93455                                  | IND<br>COM<br>COM<br>COTH<br>PTY<br>SCC | Construction<br>A.J. Diani Construction<br>Co., Inc.                                       | 250.00                            | 250.00  | G2016                          |
| 09/15/2016            | Honda of Santa Maria<br>2175 South Bradley Road P.O. Box 1239<br>Santa Maria, CA 93456        | IND<br>COM<br>OTH<br>PTY<br>SCC         |  | 500.00                            | 500.00 G2016  | 200                            |
| 09/15/2016            | Milt Guggia Enterprises, Inc.<br>719 S. McClelland St. PO Box 5459<br>Santa Maria, CA 93454   | IND<br>COM<br>MOTH<br>TTY               |  | 500.00                            | 500.00 62016  | \$500.00                       |
|                       |   |   | SUBTOTAL\$   | 1,850.00                          |   |                                |

\*Contributor Codes

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.) Page 13 of 18 CALIFORNIA I.D. NUMBER Statement covers period 07/01/2016 09/24/2016 through from

| Patino for Mayor 2016 | yor 2016  |   |   |                                   | 1342332   | 332                               |
|-----------------------|---|---|---|-----------------------------------|---|-----------------------------------|
| DATE<br>RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IFCOMMITEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR<br>CODE *   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS) | AMOUNT<br>RECEIVED THIS<br>PERIOD | CUMULATIVE TO DATE<br>CALENDAR YEAR<br>(JAN. 1 - DEC. 31) | PER ELECT<br>TODATE<br>(IF REQUIR |
| 09/15/2016            | Gilbert Palacios<br>2353 S. Broadway Suite A.<br>Santa Maria, CA 93454                        | Sind   COM   CO | Architect<br>Palacios Architects  | 500.00                            | 500.00  |                                   |
| 09/15/2016            | Tri W Enterprises, Inc<br>2236 S. Broadway PO Box 6149<br>Santa Maria, CA 93456               | IND<br>COM<br>OTH<br>PTY  |   | 500.00                            | 500.00 G2016  | G2016 \$500.00                    |
|                       |   | IND<br>COM<br>OTH<br>PTY  |   |                                   |   |                                   |
|                       |   | IND<br>COM<br>OTH<br>PTY<br>SCC   |   |                                   |   |                                   |
|                       |   | IND<br>COM<br>OTH<br>DTY  |   |                                   |   |                                   |
|                       |   |   | SUBTOTAL\$  | 1,000.00                          |   |                                   |

\*Contributor Codes

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Payments Made Schedule E

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Patino for Mayor 2016

O.

CTB CTB

S S S

닖

Amounts may be rounded to whole dollars.

46( 18 ₹ CALIFORNIA I.D. NUMBER FORM Page 14 Statement covers period 07/01/2016 09/24/2016 through from

1342332

SCHEDULE E

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

RAD RFD SAL meetings and appearances member communications petition circulating office expenses contribution (explain nonmonetary)\* campaign paraphernalia/misc. candidate filing/ballot fees campaign consultants civic donations

postage, delivery and messenger services professional services (legal, accounting) polling and survey research print ads 유민정정 independent expenditure supporting/opposing others (explain)\*

campaign literature and mailings

legal defense

2 2 S

fundraising events

phone banks

information technology costs (internet, e-mail) voter registration 

transfer between committees of the same candidate/sponsor

staff/spouse travel, lodging, and meals

candidate travel, lodging, and meals

t.v. or cable airtime and production costs

campaign workers' salaries

returned contributions

radio airtime and production costs

19.00 AMOUNT PAID DESCRIPTION OF PAYMENT accounting service 윉 CODE PRO NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)

1,000.00 FIL Benedetti & Associates, Inc. 2151 S. College Dr Ste 101 Santa Maria, CA 93455 City of Santa Maria 110 E. Cook St. Santa Maria, CA 934

1,036.98 **SUBTOTAL**\$ \* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

WEB

93455

Kathy Ulman 931 Via Fedora Santa Maria, CA

93454

17.98

## Schedule E Summary

6,562.95 S 1. Itemized payments made this period. (Include all Schedule E subtotals.) 00.0 00.00 B 8 

6,562.95 TOTAL \$ 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) FPPC Form 460 (Jan/2016) www.fppc.ca.gov SCHEDULE E (CONT.)

(Continuation Sheet) Payments Made Schedule E

Amounts may be rounded to whole dollars.

18 ď CALIFORNIA Page 15 FORM Statement covers period 07/01/2016 09/24/2016 through, from

I.D. NUMBER 1342332 SEE INSTRUCTIONS ON REVERSE NAME OF FILER Patino for Mayor 2016

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

campaign workers' salaries t.v. or cable airtime and production costs radio airtime and production costs returned contributions RAD SAL SAL TEL TEL TSF VOT meetings and appearances member communications contribution (explain nonmonetary)\* campaign paraphernalia/misc. campaign consultants <u>₽</u>

polling and survey research petition circulating office expenses phone banks 

candidate filing/ballot fees

legal defense

SHR 295

civic donations

CTB

postage, delivery and messenger services professional services (legal, accounting) print ads fundraising events independiture supporting/opposing others (explain)\*

voter registration information technology costs (internet, e-mail)

staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor

candidate travel, lodging, and meals

| LIT campaign literature and mailings  | spi  | WEB information technology costs (internet, e-mail) | -mail)      |
|---|------|---|-------------|
| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)                    | CODE | OR DESCRIPTION OF PAYMENT                           | AMOUNT PAID |
| VTC Enterprises<br>2445 'A' St.<br>Santa Maria, CA 93456                            | LIT  |   | 556.39      |
| California Latino Voters Guide<br>930 Colorado Blvd Bldg 2<br>Los Angeles, CA 90041 | LIT  |   | 800.00      |
| Martinez & Associates<br>2624 Airpark Drive<br>Santa Maria, CA 93455                | LIT  | reimburse for slate mailer                          | 929.00      |
| Benedetti & Associates, Inc.<br>2151 S. College Dr Ste 101<br>Santa Maria, CA 93455 | PRO  | accounting service                                  | 580.45      |
| Point of Action<br>PO Box 220<br>Santa Maria, CA 93456                              | CMP  |   | 1,090.13    |

**SUBTOTAL \$** \* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) www.fppc.ca.gov FPPC Form 460 (Jan/2016)

3,955.97

SCHEDULE E (CONT.)

Schedule E Payme (Contin

18 Statement covers period

| (Continuation Sheet)        | Amounts may be rounded | Statement covers period | CALIFORNIA  |
|-----------------------------|------------------------|-------------------------|-------------|
| Payments Made               | to whole dollars.      | from 07/01/2016         | FORM        |
| SEE INSTRUCTIONS ON REVERSE |                        | through 09/24/2016      | Page16 of   |
| NAME OF FILER               |                        |                         | I.D. NUMBER |
| Patino for Mayor 2016       |                        |                         | 1342332     |

1,570.00 1,270.00 300.00 candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor AMOUNT PAID information technology costs (internet, e-mail) campaign workers' salaries t.v. or cable airtime and production costs radio airtime and production costs If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. returned contributions voter registration DESCRIPTION OF PAYMENT RAD SAL SAL TECT TRC TRC TRC TRC TRC WEB WEB postage, delivery and messenger services professional services (legal, accounting) Q.R polling and survey research meetings and appearances member communications CODE RAD WEB petition circulating office expenses phone banks print ads A S S P F F S S F F fundraising events independiture supporting/opposing others (explain)\* NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) contribution (explain nonmonetary)\* Morrison Media Services 4405 Kapalua Drive PO Box 5186 Santa Maria, CA 93455 campaign literature and mailings campaign paraphernalia/misc. candidate filing/ballot fees 93455 campaign consultants civic donations 931 Via Fedora Santa Maria, CA legal defense Kathy Ulman CODES: O. 

**SUBTOTAL \$** \* Payments that are contributions or independent expenditures must also be summarized on Schedule D. FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

www.fppc.ca.gov

FPPC Form 460 (Jan/2016)

### Payments Made by an Agent or Independent Contractor (on Behalf of This Committee) Schedule G

Amounts may be rounded to whole dollars.

46( 18 ₽ CALIFORNIA FORM Page 17 1.D. NUMBER Statement covers period 07/01/2016 through 09/24/2016 from\_

1342332

SCHEDULEG

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

NAME OF AGENT OR INDEPENDENT CONTRACTOR Patino for Mayor 2016

Martinez & Associates

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

member communications campaign paraphernalia/misc.

meetings and appearances contribution (explain nonmonetary)\* campaign consultants

petition circulating office expenses phone banks

postage, delivery and messenger services professional services (legal, accounting) polling and survey research print ads 유투동의

independent expenditure supporting/opposing others (explain)\*

candidate filing/ballot fees

civic donations

<u>0</u> SK SK SK fundraising events

2 2 campaign literature and mailings

legal defense

transfer between committees of the same candidate/sponsor voter registration 

t.v. or cable airtime and production costs staff/spouse travel, lodging, and meals candidate travel, lodging, and meals

campaign workers' salaries

returned contributions

RAD SAL

radio airtime and production costs

information technology costs (internet, e-mail)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER ID, NUMBER)     | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|------|----|------------------------|-------------|
| Cops Voters Guide (ID# 599014)<br>705-2 E. Bidwell Street #370<br>Folsom, CA 95630 | LIT  |    |                        | 929.00      |
|  |      |    |                        |             |
|  |      |    |                        |             |
|  |      |    |                        |             |

<sup>\*</sup> Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Attach additional information on appropriately labeled continuation sheets.

929.00

49

TOTAL\*

### Payments Made by an Agent or Independent Contractor (on Behalf of This Committee) Schedule G

Amounts may be rounded to whole dollars.

460 18 ď CALIFORNIA Page 18 FORM I.D. NUMBER Statement covers period 07/01/2016 through 09/24/2016 from\_

1342332

SCHEDULE G

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Patino for Mayor 2016

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Morrison Media Services

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

meetings and appearances

운표

member communications

campaign paraphernalia/misc.

campaign consultants O N SNS CTB

contribution (explain nonmonetary)\* civic donations SS

candidate filing/ballot fees fundraising events

동작성상품 independent expenditure supporting/opposing others (explain)\*

postage, delivery and messenger services professional services (legal, accounting) polling and survey research petition circulating office expenses phone banks

transfer between committees of the same candidate/sponsor t.v. or cable airlime and production costs staff/spouse travel, lodging, and meals candidate travel, lodging, and meals campaign workers' salaries returned contributions voter registration RAD SAL TRC TRC VOT WEB

radio airtime and production costs

information technology costs (internet, e-mail)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

campaign literature and mailings

legal defense

2

print ads

| NAME AND ADDRESS OF PAYEE OR CREDITOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| KSNI Radio<br>2325 Skyway Drive<br>Santa Maria, CA 93455                        | RAD     |                        | 680.00      |
| KUHL Radio<br>1101 S. Broadway<br>Santa Maria, CA 93454                         | RAD     |                        | 590.00      |
|   |         |                        |             |
|   |         |                        |             |

Attach additional information on appropriately labeled continuation sheets.

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov FPPC Form 460 (Jan/2016)

1,270.00

TOTAL\*